TIME AT WORK RECORD

Exempt Employee: ☐

AL HRS: _____

Name: _____ **Until:** _____ **Month** | **NOVEMBER, 2007**

Last   First   I.

Bal Fwd - Sick Lv [____] [░░░] **Annual Lv. =** [____] **Comp Time:** [____]

Fam. S.L.

	Week of:	[Hours Worked] Su	Mo	Tu	We	Th	Fr	Sa	Tot. Hrs.	Rate X 1.5	1	Added Comp.	Less Used	Bal Fwd	Notes & Exceptions
1	10/28/07-11/3/07	-	-	-	-										
2	11/4/07-11/10/07														
3	11/11/07-11/17/07		H												
4	11/18/07-11/24/07					H	H								
5	11/25/07-12/1/07						-								
6															

PSL Hrs Used _____

FSL Hrs Used _____   FSL Used- _____

Tot SL Hrs Used _____   **FSL Bal. =** _____   **AL Used** _____   **PD Used** _____

Bal Before Earned _____   Bal Before Earned _____   **PD Remaining** _____

Hours Earned _____   **Hours Earned** _____   **Comp Fwd =** _____

I have performed the duties of my job to be compensated for this month, including any leave taken as indicated on this form.

I verify that all information is correct

EMPLOYEE SIGNATURE

I have reviewed. All information is correct and I approve

SUPERVISOR SIGNATURE

Month | **DECEMBER, 2007**

Bal Sick Leave Fwd [____] [░░░] **Bal Annual Leave Fwd** [____] **Bal Comp Time Fwd** [____]

Fam. S.L.

	Week of:	[Hours Worked] Su	Mo	Tu	We	Th	Fr	Sa	Tot. Hrs.	Rate X 1.5	1	Added Comp.	Less Used	Bal Fwd	Notes & Exceptions
1	11/25/07-12/1/07	-	-	-	-	-	-								
2	12/2/07-12/08/07														
3	12/9/07-12/15/07														
4	12/16/07-12/22/07														
5	12/23/07-12/29/07		H	H											
6	12/30/07 - 1/5/07			H	-	-	-	-							

PSL Hrs Used _____

FSL Hrs Used _____   FSL Used- _____

Tot SL Hrs Used _____   **FSL Bal. =** _____   **AL Used** _____   **PD Used** _____

Bal Before Earned _____   Bal Before Earned _____   **PD Remaining** ___-0-_____

Hours Earned _____   **Hours Earned** _____   **Unused PD's forfeited 12/31/07.**

I have performed the duties of my job to be compensated for this month, including any leave taken as indicated on this form.

Bal Sick Leave Fwd [____] [░░░] **Bal Annual Leave Fwd (max 240 hrs)** [____] **Bal Comp Time Fwd** [____]

Fam. S.L.

I verify that all information is correct

EMPLOYEE SIGNATURE

I have reviewed. All information is correct and I approve

SUPERVISOR SIGNATURE

# hrs = Present at Work	U = Absent, Unexcused	C = Compensation Time	A = Annual Leave	S = Sick Leave	PD = Personal Day
FS = Family Sick Leave	PS = Personal Sick Leave	H = Holiday	B = Bereavement Leave	E = Excused	F=Fitness leave
					F3=Excused Fitness Leave